THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

DATE RECEIVED

3/4/2022

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\$

AMOUNT

ALLOCATION NUMBER

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

SA1-2 Short Form

Return to: Library of Congress

Copyright Office

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED) BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 2021							
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a sub ent corporation. ich the owner conducts the business of a accounting period, only the owner on i e payment covering the entire accountir	the last day of the accounting period should submit	033189				
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM						
	Northland Cable Television	INC (EDGEFIELD)						
				033189 2021/2				
	101 Stewart St, Ste 700 Seattle, WA 98101							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM: NORTHLAND CABLE TELEVISION							
	MAILING ADDRESS OF CABLE SYSTEM: 235 N CREEK ROAD (Number, street, rural route, apartment, or suite nu GREENWOOD, SC 29649 (City, town, state, zip code)	mber)						
		unity served by the cable system	A "community" is the same as a "community ur	nit" as defined				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First		SC						
Community	EDGEFIELD (UNINC) JOHNSTON	SC SC						
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal ding PII, you are agreeing to the routine use of it to e	information that can be used to identify or tra stablish and maintain a public record, which PII requested is that it may delay processing	personally identifying information (PII) requested on this ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in of your statement of account and its placement in the rould be made by a court of law.					

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Northland Cable Television INC (EDGEFIELD)							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
ontinued)								
Area								
Served								

Name	LEGAL NAME OF OWNER OF CA		515						
	Northland Cable Televis	ion INC (El	DGEFIE	LD)					03318
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES				
Е	In General: The information in space E should cover all categories of secondary transmission service of the cable								
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetam	broken	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate cl	0	0					•	
	unit in which it is generally billed. category, but do not include discu	• •	,		ny standar	rd rate variation	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide	•		-					
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for cal first set" and would be counted o					i in the count un	der "Servio	ce to the	
	Block 2: If your cable system h					service that are	different fi	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-ha	nd block. A tw	o- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1			1		BLOC	K D	
	BEC	NO. OF					BLUC	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		147	25.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		23	70.70					
	Converter								
	Residential								
	Non-residential								
				1					<u> </u>
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rate	•	,		•	• •			
-	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually b	illed. If any ra	tes are ch	arged on a vari	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
					BLOCK 2				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-resi	idential				
	• Pay cable	25.50	• Mote	el, hotel					
	 Pay cable—add'l channel 	16.00	• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	Einst aut	50.00	• Burg	lar protection					
	 First set 		-			· · · · · · · · · · · · · · · · · · ·			4
	Additional set(s)	20.00	Other se	ervices:					
		20.00		ervices:		75.00			
	• Additional set(s) • FM radio (if separate rate)	20.00	• Reco	onnect		75.00			
	• Additional set(s)	20.00	• Reco • Disco	onnect onnect					
	• Additional set(s) • FM radio (if separate rate)	20.00	• Reco • Disco • Outle	onnect	ess	75.00 45.00 45.00			

Nama	L	EGAL NAME OF OWN	ER OF CABLE SYST	TEM: SYSTEM				
Name		Northland Cable 1	elevision INC	(EDGEFIELD) 033				
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, identify every te carried by your cable system during the a		•	•				
_	FCC rules and regulations in effect on Ju	• • •	/					
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), substitute program basis, as explained in	the next paragraph.)]; and (2) certain stations carried on a t to any distant stations carried by your cable system on a substitute				
Television	basis under specifc FCC rules, regulatio		ions. with respec					
	• Do not list the station here in space G-	,	I (the Special Stat	ement and Program Log)—if the				
		tation was carried onl	•					
	List the station here, and also in space			substitute basis stations, see page (v) of the general instructions.				
				Do not report origination program services such as HBO, ESPN, etc.				
				nel on which the station's broadcasts are carried in its own commur				
	This may be different from the channel o			•				
	associated with a station according to its the same on the form.	over-inje-air designat	ion. Foi example,	report multicast stream wETA-2 as				
		Column 3: Indicate in	each case whethe	r the station is a network station, an independent station, or a nonc				
	educational station, by entering the letter							
	(for independent multicast), "E" (for nonc			oncommercial educational multicast).				
	For the meaning of these terms, see page			tion. For U.S. stations, list the community to which the station is lice				
	FCC. For Mexican or Canadian stations,			· · · · ·				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	1. CALL	2. B'CAST CHANNEL	3. TYPE	6. LOCATION OF STATION				
	SIGN	-	OF					
	WNEH-PBS	NUMBER 18	STATION E	GREENVILLE, SC				
	WAGT-NBC	26	N-M	AUGUSTA, GA				
	WFXG -Bounce .2	54.2	I-M	AUGUSTA, GA				
	WFXG-FOX	54.1	I-M	AUGUSTA, GA				
	WGGS-IND	16	1	GREENVILLE, SC				
	WRDW-CBS	12	N	AUGUSTA, GA				
	WJBF-ABC	42	N	AUGUSTA, GA				
	WNEH-PBS HD	18	E-M	GREENVILLE, SC				
	WAGT-CW .2 HD	26.2	N-M	AUGUSTA, GA				
	WAGT-NBC HD	26.1	N-M	AUGUSTA, GA				
	WFXG-Grit .3	54.3	I-M	AUGUSTA, GA				
	WFXG-FOX HD	54.4	I-M	AUGUSTA, GA				
	WRDW-CBS HD	12	N-M	AUGUSTA, GA				
	WJBF-ABC HD	42	N-M	AUGUSTA, GA				
	WJBF-MeTV .2	42.2	I-M	AUGUSTA, GA				
	WRDW-MyNetwork .3	12.3	N-M	AUGUSTA, GA				
	WNEH-SCC .2	18.2	E-M	GREENVILLE, SC				
	WNEH-ETV World .3	18.3	E-M	GREENVILLE, SC				
	WNEH-PBS Kids .4	18.4	E-M	GREENVILLE, SC				
	WFXG-FOX VOD	54.5		AUGUSTA, GA				
		54.5	-	AUGUSTA, GA				
	WFXG-FOX VOD WAGT-CW .2	54.5 26.2	N-M	AUGUSTA, GA AUGUSTA, GA				
			-					

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. PAGE 4.					NG PERIOD: 2021			
LEGAL NAME OF	FOWNER OF (SYSTEM ID# 033189	Name
n General: List III-band basis w Special Instruct ecceivable if (1) on the basis of it For detailed info Column 1: lo Column 2: S Column 3: lf	RIMARY TRANSMITTERS: RADIO 033189 RIMARY TRANSMITTERS: RADIO General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an II-band basis whose signals were "generally receivable" by your cable system during the accounting period. pecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, an the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. or detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete							H Primary Transmitters: Radio
Column 4: G	live the station	n's locatio	a mark in the "S/D" column. on (the community to which the the community with which the he community which the he commu			C or, in tl	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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		+						
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							FORM	VI SA1-2. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	Northland Cable Telev	ision INC	(EDGEFIEL	.D)				033189	
					<u>^</u>				
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe ing that mus	nnetwork televis riod, under spe t be included in	<i>ion program</i> broadcast by cific present and former FC this log, see page (v) of th	a distant statio CC rules, regula	ations, or auth			
Carriage: Special									
Statement and Program Log		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?							
0 0	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	s "Yes," you mι	ust complete	the program		
	log in block 2.		W0						
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Tõers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting prod; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted to delete under FCC rules and regulations in effect during the accounting period; e								'n	
					WH	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM			RIAGE OCC		7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	TIMES	FOR DELETION	
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FORM SA1-2. PAGE 6.	•
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Northland Cable Television INC (EDGEFIELD) 033189	Humo
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. 	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northland Cable Television INC (EDGEFIELD)	SYSTEM ID# 033189
		000103
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static	ns
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	21
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	151
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Ν	we can write or call about this statement of account.)	
Individual to		
Be Contacted	Noria Cancorlana Tubakan 04	005 0040
for Further Information	Name Marie Censoplano Telephone 914	-235-8313
	A laterational Dr. Cuita 220	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional)_914-234-8363	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional)_914-234-8363	
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations	З,
0	as explained in the general instructions.)	
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	of the cable system
	in line 1 of space B.	
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	erein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 02/26/2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FORM	SA1-2.	PAGE	8.
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	EM ID#	Name
Northland Cable Television INC (EDGEFIELD) 0	33189	Hume
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.)-	P Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		Exclusion
YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
xc	lays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7) \$ (interest charge)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		
Owner Address		
ID number First community served		
Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (F	PII) requested	d on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.